

# California M E D I C I N E

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## Operations on the Adrenal Glands

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INCREASED KNOWLEDGE of the normal functioning of the adrenal gland has assisted in the recognition of abnormal conditions which attend diseases of the gland; and, with better understanding of the action of the cortical hormones, substitution therapy has been so greatly improved that possible indications for total excision of the gland are, at present, under investigation.

Both anatomically and physiologically the adrenal gland is two organs combined into one. Both are functionally related to the defense of the body against stress. A number of years ago, Cannon emphasized the importance of the physiologic effects of the adrenal medullary hormone, epinephrine, to the immediate reaction of the body to stress. Among the effects he mentioned were elevation of the blood pressure, vasoconstriction, and tachycardia. More recently, Selye and others elucidated the important role of cortical hormones in the alarm reaction.

A further interrelation of these two components of the adrenal gland in the alarm reaction is demonstrated by the fact that hyperactivity of the medulla and the resulting increased production of epinephrine stimulates hypothalamic centers and the hypophysis to elaborate adrenocorticotrophic hor-

*• Various conditions of the adrenal gland are amenable to surgical treatment. Removal of a pheochromocytoma is almost always indicated when the tumor is diagnosed. The results of extirpation have been excellent in cases in which patients were operated upon before the onset of chronic hypertension. Removal of the "nerve cell" tumors of the adrenal is indicated if metastasis cannot be demonstrated.*

*Hypofunction of the adrenal cortex may be partially alleviated by the repeated implantation of pellets of desoxycorticosterone acetate. Hyperfunction of the adrenal cortex causes a variety of clinical manifestations depending upon which of the numerous hormones are affected. Removal of a cortical tumor alleviates these symptoms. These tumors are malignant in more than 50 per cent of cases, and recurrence is frequent. Bilateral hyperplasia of the glands rather than a tumor may be present. In such circumstances, resection of 95 per cent of the adrenal tissue is effective in controlling the symptoms of the disease.*

*Total bilateral excision of the adrenals is, at present, under investigation as a means of treatment for a variety of conditions.*

Chairman's address: Presented before the Section on General Surgery at the 81st Annual Session of the California Medical Association, Los Angeles, April 27-30, 1952.

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mone and to maintain hyperactivity of the adrenal cortex.

At present, removal of tumors of the adrenal medulla is the only well recognized indication for op-

# California M E D I C I N E

## EDITORIAL

### The Medical Services Commission

AS THE TERM itself implies, and to the extent that its growth and development are the concern of both a profession and a business, health insurance is a hybrid creature torn between the ethics, traditions and customs of medicine and the practices and standards of the insurance industry. When, to the term "health insurance" is added the modifier "compulsory," the creature degenerates from hybrid to mongrel, and the conflicts of interest between profession, business and bureaucracy increase from the warm to the inflammatory.

Most of the roadblocks in the orderly development of voluntary health insurance have been the result of the basically antithetic points of view of the medical profession and the insurance business and the consequent inability of each to see the big problems of health insurance through the eyes of the other. Good medicine may well seem to be poor business, and the reverse may also sometimes be true.

It is obvious that voluntary health insurance can succeed only if it be based both on sound business practices and on valid ethical principles of good medicine. But, too often, the seemingly only possible solution to any given problem of health insurance fulfills only one of these criteria.

The medical profession has accepted health insurance as a modern social need. Having done so, it has assumed a degree of responsibility to make it work. And obviously, if it is to work, these apparently irreconcilable conflicts between the traditions and ethics of medicine and the standards of good business must somehow be resolved. To resolve them, the medical profession must first determine those elements of ethical medical practice with which health insurance, to be good and acceptable, must not interfere. Further, it must delineate those modifications of the traditional pattern of medical practice which the profession can accept as being neces-

sary if the insurance principle is successfully to be applied to health costs. So far, then, as medicine is concerned, the basic questions are: Of which of its jealously guarded customs and traditions must the profession accept modification, and upon which must it stand as upon the ramparts, permitting no breach of their tenets?

To forge an instrument to pursue these answers, the House of Delegates of the California Medical Association at its annual session in April 1952 adopted a resolution creating a Medical Services Commission. To quote the resolution: "... a permanent Medical Services Commission ... is hereby created whose function it shall be to study, keep records upon and recommend action to the California Medical Association and its component bodies on all types of prepaid medical care, including C.P.S., insurance company plans, industrial accident schedules, union labor plans, voluntary, compulsory, governmental and non-governmental plans ..." The Commission is to consist of nine members, serving staggered terms of three years. That Com-

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For information on preparation of manuscript, see advertising page 2

# California MEDICAL ASSOCIATION

## NOTICES & REPORTS

### Council Meeting Minutes

*Tentative Draft: Minutes of the 394th Meeting of the Council of the California Medical Association, San Francisco, June 21, 1952.*

The meeting was called to order by Chairman Shipman at 9:30 a.m., Saturday, June 21, 1952, in Room 210 of the St. Francis Hotel, San Francisco.

#### Roll Call:

Present were President Alesen, President-elect Green, Councilors Wheeler, Loos, Sampson, Morrison, Dau, Montgomery, Lum, Bostick, Pollock, Frees, Carey, Shipman, Kirchner, Varden and Heron; Secretary Daniels and Editor Wilbur.

Absent for cause: Speaker Charnock, Vice-Speaker Bailey, Councilors West and Ray.

A quorum present and acting.

Present by invitation during all or a part of the meeting were Messrs. Hunton, Thomas, Pettis, Gillette and Clancy of C.M.A. staff; legal counsel Hassard; Mr. Ben H. Read, executive secretary of the Public Health League of California; Doctor Dwight H. Murray, chairman of the Committee on Public Policy and Legislation; Doctor Donald Cass, Mr. William M. Bowman, Mr. Thomas Hadfield and Doctor Francis T. Hodges of California Physicians' Service; Mr. Ned Burman of public relations counsel, and county society executive secretaries Waterson of Alameda-Contra Costa, Everett Bannister of Orange, William T. Nute of San Diego and Boyd Thompson of San Joaquin.

#### 1. Minutes for Approval:

(a) On motion duly made and seconded in each instance, minutes of the 389th to 393rd, inclusive, meetings of the Council, held April 26 through April 30, 1952, were approved.

(b) On motion duly made and seconded, minutes of the 231st meeting of the Executive Committee, held April 30, 1952, were approved.

#### 2. Membership:

(a) A report of membership as of June 19, 1952, was received and ordered filed.

(b) On motion duly made and seconded, members (1,105) whose 1952 dues had been received since April 30, 1952, were voted reinstatement.

(c) On motion duly made and seconded in each instance, five applicants were voted Associate Membership. These were: John L. Barritt, Leo Hollister, and William Reilly, San Francisco County; Robert M. Manson and John B. Peschau, Jr., Santa Clara County.

(d) On motion duly made and seconded in each instance, nine applicants were voted retired membership. These were: Robert E. Grogan and John W. Hopkins, Los Angeles County; Walter P. Winters, San Diego County; Frank Hinman and William J. Kerr, San Francisco County; K. W. Hidy, San Joaquin County; Albert John Swanson, Santa Barbara County; Stanley Dougan, and Edward Newell, Santa Clara County.

(e) On motion duly made and seconded in each instance, sixteen applicants were granted a reduc-

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